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Bib Data Sheet

CONFIRMATION NO. 1914

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| <b>SERIAL NUMBER</b><br>10/698,691 | <b>FILING OR 371(c)<br/>DATE</b><br>10/30/2003<br><b>RULE</b> | <b>CLASS</b><br>345 | <b>GROUP ART UNIT</b><br>2629 | <b>ATTORNEY DOCKET<br/>NO.</b><br>10005747-3 |
|------------------------------------|---|---------------------|-------------------------------|--|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/981,166 10/16/2001

YES R

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

02/06/2004

|   |  |   |                                   |                                |                              |                                    |
|---|--|---|-----------------------------------|--------------------------------|------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | Met after Allowance<br><input type="checkbox"/> Met after <input checked="" type="checkbox"/> Allowance | <b>STATE OR<br/>COUNTRY</b><br>CA | <b>SHEETS<br/>DRAWING</b><br>5 | <b>TOTAL<br/>CLAIMS</b><br>2 | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| Verified and<br>Acknowledged  | Examiner's Signature   | Initials  |                                   |                                |                              |                                    |

## ADDRESS

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## TITLE

High resolution display

|                                       |   |  |
|---------------------------------------|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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